

2024 New Brunswick **Personal Tax Credits Return**

Read page 2 before filling out this form. Your employer will use this form to determine the amount of your provincial tax deductions.

Fill out this form based on the best estimate of your circumstances.

Last name	First name and initial(s)		Date of birth (YYYY/MM/DD)	Employee numb				
Address	Postal code For non-residents only Country of permanent residence		For non-residents only Soc		Social in	ocial insurance number		
			1 1	Li	i 1	1 1		
1. Basic personal amount – Every person with taxab one employer or payer at the same time in 2024, see '	More than or	ne employer o	r payer at the same time" on pag	e 2.				
 Age amount – If you will be 65 or older on Decemb \$5,878. You may enter a partial amount if your net incommount, fill out the line 2 section of Form TD1NB-WS, 	ome for the ye	ear will be bet	ween \$43,763 and \$82,950. To o	calculate a partial	ter			
3. Pension income amount – If you will receive regul Pension Plan, Quebec Pension Plan, old age security, \$1,000 or your estimated annual pension.								
4. Tuition amounts (full-time and part-time) – Fill our institution certified by Employment and Social Develop								
5. Disability amount – If you will claim the disability amount on your income tax and benefit return by using Form T2201, Disability Tax Credit Certificate, enter \$9,747.								
6. Spouse or common-law partner amount – Enter the following conditions apply:	•	u are supportir	ng your spouse or common-law p	partner and both o	of			
 Your spouse or common-law partner lives with you 								
Your spouse or common-law partner has a net inc								
You may enter a partial amount if your spouse's or common-law partner's net income for the year will be between \$1,023 and \$11,246. To calculate a partial amount, fill out the line 6 section of Form TD1NB-WS.								
7. Amount for an eligible dependant – Enter \$10,22 conditions apply:	3 if you are s	upporting an e	eligible dependent and all of the f	ollowing				
 You do not have a spouse or common-law partner, or you have a spouse or common-law partner who does not live with you and who you are not supporting or being supported by 								
The dependant is related to you and lives with you								
The dependant has a net income of \$1,023 or less for the year								
You may enter a partial amount if the dependant's net income for the year will be between \$1,023 and \$11,246. To calculate a partial amount, fill out the line 7 section of Form TD1NB-WS.								
8. Caregiver amount – Enter \$5,686 if you are taking • The dependant is your or your spouse's or common an infirm relative (aged 18 or older)				y:				
 The dependant lives with you 								
 The dependant has a net income of \$19,417 or les 	ss for the yea	r						
You may enter a partial amount if the dependant's net amount, fill out the line 8 section of Form TD1NB-WS.	income for th	ne year will be	between \$19,417 and \$25,103.	To calculate a par	rtial			
9. Amount for infirm dependants age 18 or older – conditions apply:		, ,		d all of the followin	ng			
 The dependant is related to you or your spouse or The dependant is 18 years or older 	common-iaw	v partner and i	ives in Canada					
The dependant is 10 years of older The dependant has a net income of \$8,067 or less	for the year							
You may enter a partial amount if the dependant's net amount, fill out the line 9 section of Form TD1NB-WS.	income for th				al			
10. Amounts transferred from your spouse or com their age amount, pension income amount, or disability	mon-law par	tner – If your	spouse or common-law partner v	will not use all of				
11. Amounts transferred from a dependant – If you benefit return, enter the unused amount.								
TOTAL CLAIM AMOUNT – Add lines 1 to 11. Your employer or payer will use this amount to determ	ine the amou	int of your prov	vincial tax deductions.		_ [

Protecto	ed B when complete
Filling out Form TD1NB	
Fill out this form if you have taxable income in New Brunswick and any of the following apply:	
• you have a new employer or payer, and you will receive salary, wages, commissions, pensions, employment insurance benefits, or arremuneration	ny other
• you want to change the amounts you previously claimed (for example, the number of your eligible dependants has changed)	
you want to increase the amount of tax deducted at source	
Sign and date, it and give it to your employer or payer.	
If you do not fill out Form TD1NB, your employer or payer will deduct taxes after allowing the basic personal amount only .	
More than one employer or payer at the same time	
If you have more than one employer or payer at the same time and you have already claimed personal tax credit amounts on anothe 2024, you cannot claim them again. If your total income from all sources will be more than the personal tax credits you claimed on a TD1NB, check this box, enter "0" on line 12 and do not fill in lines 2 to 11.	
Total income is less than the total claim amount	
Tick this box if your total income for the year from all employers and payers will be less than your total claim amount on line 12. You employer or payer will not deduct tax from your earnings.	ır
Additional tax to be deducted	
If you want to have more tax deducted at source, fill out section "Additional tax to be deducted" on the federal Form TD1.	
Reduction in tax deductions	
You may ask to have less tax deducted at source if you are eligible for deductions or non-refundable tax credits that are not listed on this periodic contributions to a registered retirement savings plan (RRSP), child care or employment expenses, charitable donations, and tuitic amounts carried forward from the previous year). To make this request, fill out Form T1213, Request to Reduce Tax Deductions at Source authority from your tax services office. Give the letter of authority to your employer or payer. You do not need a letter of authority if your expenses the provided in the services of the letter of authority to your employer or payer. You do not need a letter of authority if your expenses the provided in the provided	on and education e, to get a letter of

Forms and publications

To get our forms and publications, go to canada.ca/cra-forms-publications or call 1-800-959-5525.

Personal information (including the SIN) is collected and used to administer or enforce the Income Tax Act and related programs and activities including administering tax, benefits, audit, compliance, and collection. The information collected may be disclosed to other federal, provincial, territorial, aboriginal or foreign government institutions to the extent authorized by law. Failure to provide this information may result in paying interest or penalties, or in other actions. Under the Privacy Act, individuals have a right of protection, access to and correction of their personal information, or to file a complaint with the Privacy Commissioner of Canada regarding the handling of their personal information. Refer to Personal Information Bank CRA PPU 120 on Information about Programs and Information Holdings at canada.ca/cra-information-about-programs.

Certification	
I certify that the information given on this form is correct and complete.	
	Data
Signature	Date

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